

## Application Data Sheet

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: ARTHROSCOPIC TISSUE SCAFFOLD  
DELIVERY DEVICE  
Attorney Docket Number:: 022956-0239  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 2  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Keith  
Middle Name:: M.  
Family Name:: Orr  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 7 Dwight Street, Unit #5  
City of mailing address:: Boston  
State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02118

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Eric  
Family Name:: Hyman  
City of Residence:: Ashland  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 332 Main Street  
City of mailing address:: Ashland  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01721

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Francois  
Family Name:: Binette  
City of Residence:: Weymouth  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 45 Sherricks Farm Road  
City of mailing address:: Weymouth  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02188

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ian

Middle Name:: D.  
Family Name:: McMurry  
City of Residence:: Medway  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 47 Oakland Street  
City of mailing address:: Medway  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02053

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Steve  
Family Name:: Lepke  
City of Residence:: Wakefield  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 2 Wicker Lane  
City of mailing address:: Wakefield  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01880

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ash  
Family Name:: Perkins  
City of Residence:: Natick  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 14 Fisher Street

City of mailing address:: Natick

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 01760

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Julia

Family Name:: Hwang

City of Residence:: Wayland

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 15 Rice Spring Lane

City of mailing address:: Wayland

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 01778

### **Correspondence Information**

Correspondence Customer Number:: 021125

### **Representative Information**

Representative Customer Number:: 021125

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